A RE			DEPARTME	NT OF PU	JBLIC HEALTH AND SOCIAL SERVICES		
	A	Lein		IVISION O	F ENVIRONMENTAL HEALTH		
( TO 1 )					LD CARE FACILITY		
A COMPANY		0 = 200			PECTION REPORT	-1 -00	
	ASON	GRADE	Inspection D	Date:	ESTABLISHMENT NAME;	7	
Regular		-	8/10   Time In/Out:	17	THE YOUNG LEADNER	CENTER	
Follow-Up			Time In/Out:		OWNER/OPÉRATOR:		
Complain		RATING	-3-15PM	3:45A	SYN NICOLAS, CORA LOCATION: 515 E. SANTA Establis	20N η	
Investigat Other:	lon	HATING	Sanitary Per	-mit No.:	BARBARA AVE. DEDEDO C	shment Type: 2CC/NUR	ಸು <b>ದರಿ</b> /1
Other.		A	Sariilary Ser	STITLL INO.	PERMIT STATUS:	TC INVE	SERY
of Chil	Idren: 12	13	Female				Expired
No. of Child	IGI (CIT				Child Care License: No.: 15001 / Valid		
inspection	Ollowing its one soone	ms identity	uoi enoifBlolV nartment indic	au zint bnt. Nor . sates	ay in the operations and facilities which must n-compliance may result in downgrading or p	t be corrected	by the next
Порежи	01 000	a written	request for h $\epsilon$	earing mus	st be submitted before the indicated correction	on date. On date	ision. To appear
ITEM*			=	REM	IARKS		CORRECT BY
	A RE	EGULAR	INSPEC	TION	WAS CONDUCTED	A 12 E IV	
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			4ST ELIN	<del>7</del> ~	ONDUCTED ON 6/3/17		= 1102 = -
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				17-31			
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	PC	BRIEFE	DON	ABO	VE.		
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					11 1 254	Ų.	LLL HEIPHOL
					President and		
					A COURT OF THE PARTY OF THE PAR	-	
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					on(s) and I am aware of the corrective m	neasures to	be taken.
*Note:	When any	ny of the fol	llowing items	s are	Received By (Name & Title):		W
cited a		ey shall be one of this inspection.	corrected wi		Rhea trancisco/Directo	or/ yra	naser
(2). (4), (6)			spection: (27), (28), (39)	1 & (40).	DEH Inspector (Name & Title):	1.1	
1-11 1 11 1 11	1 \ ' '// \ - ' / '	/ <b>(</b> // ,	/ // // // // // // // // // // // // /	/ Section 10	1./ ¬BAE/ \ AFT   - PT(1) \	1 A ATA	

Rev: 08/2/05 DEH-06